nypsi
New York Psychoanalytic Society & Institute
247 East 82nd Street, NY, NY 10028-2701 • 212.879.0196 • **www.nypsi.org**

Adult Application for Evaluation for Psychoanalysis, Psychotherapy, and/or Psychological Testing

This application will be kept confidential.

SALUTATION: ☐ DR. ☐ MR. ☐ MRS. ☐ MS. ☐ PROFESSOR

FIRST NAME _____ SURNAME _____

MAIDEN NAME (AND/OR OTHER NAMES BY WHICH KNOWN): _____

HOME ADDRESS _____

_____

HOME TELEPHONE _____ OFFICE TELEPHONE _____ MOBILE TELEPHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH (MONTH / DAY / YEAR) _____

CURRENT AGE _____ GENDER _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ SIGNIFICANT OTHER ☐ WIDOWED

DATES OF MARRIAGE / MARRIAGES _____

AGE AND GENDER OF CHILDREN _____

_____

OCCUPATION _____

NAME AND ADDRESS OF SPOUSE OR OTHER RESPONSIBLE RELATIVE(S) _____

_____

_____

REFERRAL FOR (PLEASE CHECK ALL THAT APPLY): ☐ PSYCHOANALYSIS ☐ PSYCHOTHERAPY ☐ TESTING

Principal complaint or complaints

Describe as best you can the nature of the problems that you are seeking help for, their duration and what you know of their origins.

Family background
Give ages of parents, brothers, sisters; brief mention of important illnesses—mental or physical; occupations; marital status. If any are deceased, give age, cause of death, and year of death.

Outline of occupational history
List principal jobs, their nature and places, with start/end dates.

Financial
Include salary, name of health insurance, other sources of income, and unusual expenses.

Education
List schools attended, from most recent to earliest, with dates attended, degrees/diplomas earned, or highest grade completed.

Geographic
Include city/country of birth and outline principal changes of place thereafter up until present day.

Medical
List, with dates, all important illnesses or injuries—medical or surgical. Give names and addresses of doctors or hospitals by whom treatment was conducted.

Psychiatric
List with dates, names, addresses, and fees paid, all consultations and previous psychotherapies and analyses, including consultations with psychologists, social workers, or guidance counselors, as well as the dates and locations of all psychiatric hospitalizations and emergency room visits for psychiatric symptoms. Please indicate whether you are taking or have taken psychotropic medication and which medications. Also list applications in process with other mental health clinics, as well as previous applications to the NYPSI Treatment Center.

How did you find out about the Treatment Center at NYPSI?

Informed Consent

I UNDERSTAND that the Treatment Center of the New York Psychoanalytic Society & Institute may contact the physicians, therapists, hospitals, and social agencies previously mentioned. I authorize the Treatment Center to make such inquiries. I authorize the professionals and agencies previously mentioned to answer any inquiries that the Treatment Center may make in connection with this application. In addition, I authorize any examiner for the Treatment Center to make a full report to the Treatment Center of his or her findings, diagnosis and recommendations. In order to facilitate appropriate referrals, I authorize the Treatment Center to fully communicate with and to provide all necessary information to other physicians, therapists, hospitals, or social agencies.

DATE SIGNATURE OF APPLICANT

I UNDERSTAND that, if recommended for psychoanalytic treatment, it will be necessary to make available one hour daily, four or five days a week, for the treatment. With this in mind, please list your potential time availabilities for treatment during the week (Monday through Friday).

AVAILABLE TIMES

DATE SIGNATURE OF APPLICANT

I UNDERSTAND that patients accepted for this program will be treated or tested by therapists who are in training and who are supervised in their clinical work by experienced analysts who are members of New York Psychoanalytic Society & Institute.

DATE SIGNATURE OF APPLICANT

Please send completed form and processing fee of **$50**, payable to NYPSI, to:

New York Psychoanalytic Society & Institute
247 East 82nd Street, New York, NY 10028-2701
attn: Treatment Center Coordinator

FAX: 212.879.0588
EMAIL: tc@nypsi.org

ADDITIONAL CONSENT DUE TO COVID-19

To applicants or parents of child applicants applying for treatment in the Treatment Center:

In addition to signing the permissions on page 5 of the Treatment Center application, we are asking you to sign the following permission that applies to the period of time affected by the COVID-19 pandemic.

I understand that during the period of the COVID-19 pandemic treatment in the Treatment Center will be conducted remotely by telephone or telehealth platforms and that treatment will proceed in-person at the Treatment Center once it can be safely conducted face-to-face. The Treatment Center is able to do this because the New York State Governor's Executive Order 202 temporarily allows unlicensed mental health trainees to conduct treatment remotely under the supervision of licensed mental health clinicians. While it is expected that this Order will remain in effect until it is deemed medically safe to conduct treatment in person, I am aware that there may be an interruption in treatment if the order is rescinded and unlicensed clinicians working in the Treatment Center are no longer permitted to treat patients remotely and in-person treatment is not yet viable because of safety concerns of NYPSI or either the treating clinician or the patient. In such an instance, every effort will be made to identify a referral.

_____ _____

DATE SIGNATURE OF APPLICANT (OR PARENT OF MINOR)

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November 2, 2022

REOPENING OF THE TREATMENT CENTER

Dear Patients and Guardians of Child Patients:

After an extended closure of the clinic for in-person therapy because of the Covid epidemic, we have decided that the health crisis is now sufficiently under control that it is possible to return safely to in-person therapy under certain conditions. Because of the New York State Emergency Edict affecting health care during Covid, we have been able to provide remote treatment and will be able to do so for the foreseeable future—although it is possible the Edict will be rescinded, at which point all clinical contact will need to be in person at the clinic site, 247 East 82nd Street. (The Emergency Edict made it possible for unlicensed clinicians to treat people remotely under licensed supervision; this was not permitted previously and won't be permitted if the Edict is rescinded.)

Clinician and patient (and child patients' guardians) may return to in-person therapy in the clinic as long as the clinician, the patient, and caregivers accompanying child patients are vaccinated against Covid.

The following regulations will be in place for the time being:

- All patients and caregivers accompanying child patients to the clinic must provide the clinician with proof of vaccination, which will be placed in the patient's chart, in order to resume or initiate in-person treatment. This must be done before the first in-person session.

- Everyone entering the building at 247 East 82nd Street must wear a mask.

- If both clinician and patient agree, masks may be removed in the therapy office. The therapy offices are equipped with MERV air filters. Masks must be worn after the session when leaving the building.

- Clinicians and patients (or child patients' caregivers) must inform each other if they have a positive Covid diagnosis or have Covid symptoms or been exposed to someone with Covid—and then cancel in-person sessions until there is a negative Covid test result after five days of the initial presenting symptoms. Clinicians will be responsible for establishing a policy with their patients about whether they will substitute remote sessions for in-person ones in instances of Covid-related cancellation.

• If you are unable or unwilling to comply with the vaccination and mask mandate, please discuss with your clinician to determine if you can be treated remotely or referred to another treatment setting.

We are looking forward to people being able to see their clinician in person again.
If you have any questions or concerns, please contact our Administrative Coordinator, Ms. Tanya Street, at tc@nypsi.org or 212-879-0196.

Yours sincerely,

David Pollens, Ph.D., Clinical Director

Sabina Preter, M.D., Director of Children's Clinical Services